14 October 2013

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To Whom It May Concern:

I hereby accept the position of treasurer of Geaux PAC (C00532630) effective immediately.

Sincerely,

Krista Thom

STATEMENT OF

FORM 1	ORGANIZA	ATION	RECEIVED 2013 Ocomolo Vise Phili 1: 35		
NAME OF COMMITTEE (in full)	(Check if name	Example: If typing, type over the lines.	12FE4MEC MAIL CENTER		
Geaux PAC					
		1 1 1 1 1 1 1 1			
ADDRESS (number and street	201 St Charles A	lye			
(Check if addres is changed)	s Suite 2500	Suite 2500			
is changedy	New Orleans CITY ▲				
COMMITTEE'S E-MAIL AD	DRESS				
(Check if addres is changed)	s info@geauxpac.	org			
g,	Optional Second E-Mail Add	ress			
2. DATE 10	14 2013		<u> </u>		
3. FEC IDENTIFICATIO	Coo	532630			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
certify that I have examin	ed this Statement and to the best	of my knowledge and belief	it is true, correct and complete.		
Type or Print Name of Trea	surer Krista Thom				
Signature of Treasurer	-Krista Sho	· · · · · · · · · · · · · · · · · · ·	Date [0 15 2013		
NOTE: Submission of false,	erroneous, or incomplete information r		g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact: FFC FORM 1		

רבנ	, ron	mi i (Hevised 02/2009)	Page Z
TYPE C	F C	OMMITTEE	
Candid	date	e Committee:	
		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	7 (5) 	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Name of Candida	-	<u> </u>	<u></u>
Candida Party Af		on Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party (Com	nmittee:	
(d)			emocratic, publican, etc.) Pa
		ction Committee (PAC):	
(e)	γ=77) !±σ.'.	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization
		Corporation Corporation w/o Capital Stock	_abor Organizatio
			Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segricommittee. (i.e., nonconnected committee)	egated fund or pa
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	und	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		mittees Participating in Joint Fundraiser	
	1.		rallinand a undannis il somi
	2.		erfettiv framstår vill ved. Rignerstade signer gjalens
		FEC ID number C	errandinaria da est Novembro estratore.
· ·	3.		<u>소리는 1000년 12년</u> 독급기 (요리) 17일 17일
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FEC Form 1 (Revis				Page 3
				Tago U
Geaux PAC				
	ed Organization, Affiliated Committee, Jo	Int Fundraising Represe	ntative, or Leadership	PAC Sponsor
•	•			
Mailing Address		111111		
	<u> </u>			. -
	CITY	S	TATE ZI	P CODE
Relationship: Conne	ected Organization Affiliated Committee	Joint Fundraising Re	presentative Leade	ership PAC Sponsor
books and records.	Identify by name, address (phone number	optional) and position	of the person in posse	ession of committee
Full Name	sta Thom			1 1 1 1 1
Mailing Address	22223 Washington Av	' e		
		1111111	4 1 1 1 1 1 1	
				1 1 1 1 1 1 1 1 1 1
	Kansasville	ا لـــــا	WIJ [53139)_
Title or Position	Kansasville city			P CODE
Title or Position			ATE ZI	P CODE
Treasurer	CITY and address (phone number optional)	S1 Telephone number	ATE ZI	P CODE 4 - 3978,
8. Treasurer: List the name any designated agent (e.	CITY and address (phone number optional)	S1 Telephone number	ATE ZI	P CODE 4 - 3978,
8. Treasurer: List the name any designated agent (e.	CITY e and address (phone number optional) of g., assistant treasurer).	Telephone number	ATE ZI	P CODE 4 - 3978,
8. Treasurer: List the name any designated agent (e. Full Name of Treasurer	city e and address (phone number optional) of g., assistant treasurer).	Telephone number	ATE ZI	P CODE 4 - 3978,
Treasurer 3. Treasurer: List the name any designated agent (e. Full Name of Treasurer	city e and address (phone number optional) of g., assistant treasurer).	Telephone number of the treasurer of the co	TATE ZI 773 - 964 mmittee; and the name WI 53139	P CODE 1 1-13978, e and address of

•	FEC Form 1 (Revi	sed 02/2009)		Page 4	
	Full Name of Designated Agent				
	Mailing Address				
			1 1 1 1 1 1 1 1 1		
Ŋ		CITY	STATE	ZIP CODE	
M	Title or Position				
22			Telephone number	<u></u>	
제 9. 한 하	Banks or Other Depositorles: List all banks or other depositories in which the committee deposits funds, holds accounts, re safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	L Reg	jions Bank	1111111		
	Mailing Address	13404 Clemson Blyd			
			1 1 1 1 1 1 1 1 1 1		
		Anderson	SC	29621	
		CITY	STATE	ZIP CODE	
	Name of Bank, Depository, etc.				
	لبنا	<u></u>			
	Mailing Address				
			لبا ليبي		
		CITY	STATE	ZIP CODE	

Express

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WASHINGTON, DC 20463 XC RDVA

999 E ST NW

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From: (504) 524-6868 Krista Thom Geaux PAC 201 St Charles Ave

NEW ORLEANS, LA 70170

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JE - 15 OCT AA {D OVERNIGHT

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49.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) USPS-Registered/Certified------Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Fed EXP **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(8/2013)